

Preventing Chronic Diseases: Investing Wisely in Health

Improving Care and Access to Quality Diabetes Education for Montanans with Diabetes.

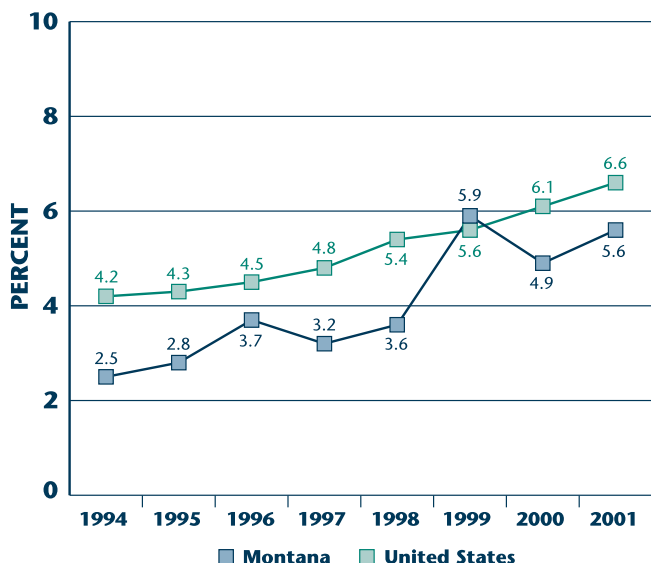


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The Burden of Diabetes

- In 2000, an estimated 33,000 adult Montanans, or 4.9%, had been diagnosed with diabetes.
- The prevalence of diagnosed diabetes in adult Montanans has increased over the past eight years from 2.5% in 1994 to 5.6% in 2001 (Figure 1).¹
- The prevalence of diagnosed diabetes in Montana American Indian communities is even higher (12% in 1999 and 16% in 2001).¹
- Diabetes markedly increases the risk of heart disease, stroke, kidney failure, and influenza and pneumonia. In addition it causes blindness, amputations, and pregnancy complications.
- Many of these complications and premature deaths can be prevented by controlling blood glucose, blood pressure, and cholesterol levels.
- Smoking cessation is especially important for persons with diabetes.
- Patient education is key to diabetes control.

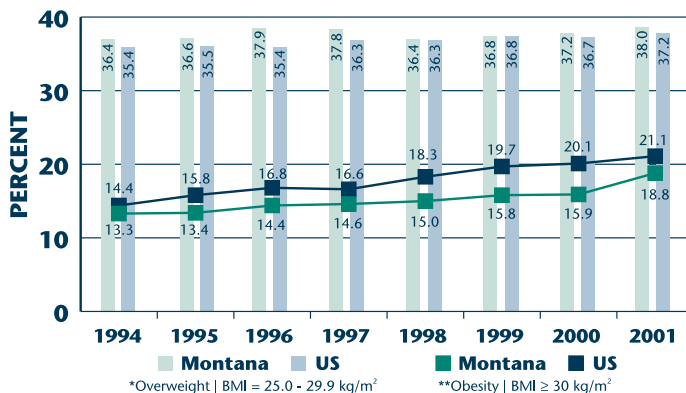
Figure 1. Prevalence of diabetes among adults in Montana and in the United States, 1994 to 2001.



Preventing Diabetes

- Many Montanans are also at high risk for developing type 2 diabetes. Risk factors include: overweight and obesity, insufficient physical activity, a family history of diabetes, women who have had gestational diabetes, and women who have had a baby weighing over 9 pounds.
- The risk of diabetes increases dramatically as persons age beyond 50 years.
- Overweight and obesity are epidemic in Montana and the U.S. The prevalence of obesity in Montana adults increased from 13.3% in 1994 to 18.8% in 2001 (Figure 2).¹
- A healthy diet and modest physical activity leading to modest (sustained) weight loss can help Montanans cut their risk for developing type 2 diabetes.

Figure 2. Prevalence of obesity and overweight* among adults in Montana and in the United States, 1994 to 2001.**



The Cost of Diabetes

- The average yearly health care cost for a person with diabetes in the U.S. was \$13,243 in 2002, compared to \$2,560 for a person without diabetes. Diabetes costs accounted for 11% of the national health care expenditures in 2002.²
- The nation spends nearly \$132 billion a year for diabetes care.²



Public Health in Action

Montana's Diabetes Control Program, funded through the Centers for Disease Control and Prevention, Division of Diabetes Translation, is working to address the burden of diabetes in Montana through surveillance, quality improvement in primary care settings, and by providing support to increase access to and the quality of diabetes education services in Montana. Examples of these efforts are briefly described below:

The Diabetes Program provides a simple software system and on-site support to assist busy primary care practices.

Diabetes Quality Improvement Program

The Montana Diabetes Control Program is working collaboratively with primary care practices throughout Montana as part of its statewide quality improvement effort. The Diabetes Program provides a simple software system, the "Diabetes Quality Care Monitoring System," to assist busy primary care practices to monitor their patient population with diabetes. In addition, the Diabetes Program provides valuable on-site support to install the system, collect baseline data, train staff on its use, and assistance in developing and implementing quality improvement interventions. The software and support are free of charge. This program has been shown to be effective in improving preventive care and clinical outcomes for patients with diabetes in primary care settings.³⁻⁵

Quality Diabetes Education Initiative - The Quality Diabetes Education Initiative is a program developed by the Montana Diabetes Control Program offering resources to health care professionals seeking to improve and maintain their skills regarding diabetes education. Its mission is to improve the quality of diabetes education in Montana. It does this by providing resources to assist health professionals in outpatient settings for developing basic diabetes education programs and by increasing skills of individual educators through a self-study and peer-mentoring process tailored to the needs of the educator, clients, and setting.

The program has several options:

- 1) Basics - learning basic diabetes and self-management concepts;
- 2) Medical nutrition therapy for dietitians using American Diabetes Association's Guide to Medical Nutrition Therapy for Diabetes;
- 3) Intermediate - using the American Association of Diabetes Educators' (AADE) Core Curriculum for Diabetes Education; and
- 4) Advanced - using the AADE materials to prepare for the Certified Diabetes Educator examination.

In addition, the Diabetes Education Initiative also provides technical support to health care professionals in outpatient settings who want to develop a diabetes education program. This includes technical support regarding preparing an application and a lending library of useful materials (e.g., approved curricula) to help health care professionals in Montana who are providing diabetes education.

References:

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3. Stoner KL, Lasar NJ, Butcher MK, Fawcett LM, Danelson ME, Harwell TS, Helgerson SD. Improving glycemic control: can techniques used in a managed care setting be successfully adapted to a rural fee-for-service practice? Am J Med Qual. 2001;16(3):93-8.
4. Harwell TS, McDowall JM, Gohdes D, Helgerson SD; Montana Diabetes Health Center Team. Measuring and improving preventive care for patients with diabetes in primary health centers. Am J Med Qual 2002;17(5):179-84.
5. Bjorsness DK, Pellett KM, Unruh J, Snipes DR, Hannula SL, McDowall JM, Ford JA, Gohdes D, Helgerson SD, Harwell TS. Increasing pneumococcal immunizations among people with diabetes using patient reminders. Diabetes Care. 2003;26(6):1943-5.

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